Madison Alabama Police Foundation

Application for Membership

circle one:	Individual or Family			Business or Other Organizati		
Please Type or Pri	int					
Business Name:						
Type of Business:					_	
Member's Name*:						
		last		first		
*Individual authorized t	o vote and	otherwise represent t	he business c	or family in tl	ne Foundation.	
Residence or Business	: Location					
Tresidence of Business	Location	street			city, state, zip	
Mailing Address					•	
(if different from above)						
		street			city, state, zip	
day time phone number	er					
fax number						
email address						
Membership	12 months	beginning the month	vou ioin			
<u>Donor:</u> up to \$99.00	12 1110111110	Friend: \$250-499	you joil	Benefacto	<u>r:</u> 1,000 +	
Name in Newsletter,	· · · · · · · · · · · · · · · · · · ·		its and	All Suppor	All Supporter Benefits and	
May Serve on Committee	tees	Framed Certificate		Deluxe Pla	aque	
<u>Supporter:</u> \$100-249		<u>Sponsor:</u> \$500 - 999	9	SUSTAINI	NG MEMBER \$1,000+ yr. for 5 years	
Name Listed in Newsle	etter,	All Supporter Benefi		·	lewsletter; Deluxe Plaque; May Vote,	
May Vote in Directors'	Election,	Plaque		Chair Con	nmittees, Serve on Board of Directors**	
May Chair Committees			_		AND	
May serve on Board of	f Directors*	t	Permaner	nt Recognit	ion on Wall of Honor at Police Dept.	
** Directors must reside	e or be emp	oloyed in the City of N	/ladison and n	nay be subj	ect to criminal background check.	
Amount Enclosed	\$		please ma	please make checks payable to Madison Police Foundation		
Please select com	mittee(s)	you wish to serve	e on:			
I do not wish to serve	on a commi	ttee at this time	_		Logo selection	
Correspondance	_	Newsletter	•		Wall of Honor	
Fund Raising		Finance	_		Nominating	
Scholarship		Membership	Awards		Officers' Spouse/Family Assoc	
Other:					_	
that my name and / or l	likeness ma	y be used by the Fou	undation to pr	omote the F	on be accepted, I understand foundation and its goals. In changes or amendments thereto.	
Signature				date:		
griataro				dato.		
		Send payment a	nd complet	ed applic	ation to:	

Send payment and completed application to:

Madison Police Foundation 100 Hughes Road Madison, AL 35758

for more information call (256) 772-5605

Thank You for Supporting <u>Your</u> Madison Police Foundation!

Staff Use	rcvd:	entered:
newsletter:		cert. / plaque:
Other:		